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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 246152012710 | |
| Application Number 09/982,474 | | Filed October 17, 2001 | |
| For INDUSTRIAL PROCESS FOR β -LACTAM ANTIBIOTICS USING CHEMICALLY DEFINED MEDIA (AS AMENDED) | | | |
| Art Unit 1655 | | Examiner R. O. Winston | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$ |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$ 450.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$ |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | | |
| I am the | <input type="checkbox"/> | applicant/inventor. | |
| | <input type="checkbox"/> | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| | <input type="checkbox"/> | attorney or agent of record. Registration Number _____ | |
| | <input checked="" type="checkbox"/> | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>46,473</u> | |
| | <u>Emily C. Tongco</u> Signature | | <u>March 20, 2006</u> Date |
| | <u>Emily C. Tongco</u> Typed or printed name | | <u>(858) 314-5413</u> Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> | Total of <u>1</u> forms are submitted. | | |

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